2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State
02-08-2001 90061 020 ****61.25

DOCUMENT # N00483

1. Entity Name

SOUTH FLORIDA WOODMEN OF THE WORLD SUNSHINE YOUT

Principal Place of Business	Mailing Address
3730 CLEVELAND HGTS BLVD #5 LAKELAND FL 33813 US	3730 CLEVELAND HGTS BLVD #5 LAKELAND FL 33813 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2215000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, R. C JR. 3730 CLEVELAND HGTS BLVD #5 LAKELAND FL 33813	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMITH, R. C JR. 3730 CLEVELAND HGTS BLVD #5 LAKELAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TICE, JAMES L 8 W. THRUSH STREET APOPKA FL 32712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST MALONE, JEANNE C 4976 SHORE LINE DRIVE POLK CITY FL 33868	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST Molony, Robert Jr. 4624 San Paulo Ct Lakeland FL 33813	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLINS, FRANK D 1820 BEDIVERE ST. LAKELAND FL 33813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jim Kirstein PO Box 5108 Vero Beach FL 32961	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLT, LARRY 3115 VALLEY HIGH DRIVE LAKELAND FL 32961	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCMAHAN, S K PO BOX 1686 N/A EATON PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	3730 Cleveland Hgts Blvd, Ste 5 Lakeland FL 33813	☐ Change ☒ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephanie Hill SIGNATURE REQUIRED Jan-24-2000 863-647-3829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #